

## Notice of Termination (NOT) of Coverage for Storm Water Discharges Associated with Construction Activity Under an APDES Construction General Permit

Submission of this Notice of Termination (NOT) constitutes notice that the party identified in Section II of this form is no longer authorized to discharge storm water associated with construction activity under the APDES program for the site identified in Section III of this form. All necessary information must be included on the form. Coverage under the APDES Construction General Permit (CGP) is terminated at midnight of the day the NOT is signed. The NOT must be submitted within 30 days of one of the conditions in Section 6.2 of the CGP being met. Refer to the instructions at the end of this form for information on submitting a NOT.

I. Permit Information		
Permit Tracking Number: AKR10DN54		
Reason for Termination (Check only one):		
Final stabilization has been achieved on all portions of the site for which you are responsible.		
Another operator has assumed control, according to Appendix F, Section 1.12 of the CGP, over all areas of the site that have not been finally stabilized.		
Coverage under an alternative APDES permit has been obtained.		
For residential construction only, temporary stabilization has been completed and the residence has been transferred to the homeowner.		
II. Operator Information		
Name: AK DOT&PF		
Mailing Address: Street (PO Box): PO E	lox 112506	
City: Juneau	State: AK	Zip: 99811
Phone: 907 465 1799	) Fax(opt	ional):
Email: arthur.dunn2@alaska.gov		
III. Project/Site Information		
Project/Site Name: Coffman Cove Roads Paving		
Project Street/Location: Coffman Cove		
City: Coffman Cove	State: AK	<sub>Zip:</sub> 99918
Borough or similar government subdivision: Prince of Wales-Outer Ketchikan		
IV. Certification Information		
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		
Printed Name: Albert Clough Title: Director, SER		
Signature: Date: 6'1'61/ Email: arthur.dunn2@alaska.gov		